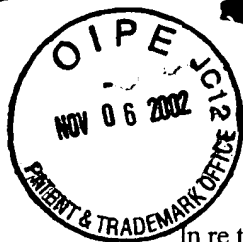


Receipt



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

Jeffrey Green et al.

Application No. 09/935,634

Filed: August 24, 2001

For: SYSTEMS AND METHODS FOR  
CONVERTING INFECTED ELECTRONIC  
FILES TO A SAFE FORMAT

Examiner: Unassigned

Art Unit: 2151

Date: November 1, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on November 1, 2002

Signed:

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REQUEST FOR CORRECTED FILING RECEIPT

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Enclosed is a copy of the Filing Receipt for the above-identified patent application. Please reprint the Filing Receipt as follows and mail the corrected copy to the undersigned.

Change the Attorney Docket Number from "NTWK017/00US" to --NAI1P092/01.050.01--.

Change the Correspondence Address from "022903, COOLEY GODWARD LLP, ATTN: PATENT GROUP, 11951 FREEDOM DRIVE, SUITE 1700, ONE FREEDOM SQUARE-RESTON TOWN CENTER, RESTON, VA 20190-5061" to --28875, Silicon Valley IP Group, LLC, P.O. Box 721120, San Jose, Ca. 95172-1120--.

The Commissioner is authorized to charge any fees that may be due to Deposit Account 50-1351 (Order No. NAI1P092/01.050.01).

Respectfully submitted,  
Silicon Valley IP Group, LLC

Kevin J. Zilka  
Reg. No. 41,429

P.O. Box 721120  
San Jose, CA 95172-1120  
(408) 971-2573

Attorney Docket No. NAI1P092/01.050.01



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/935,634	08/24/2001	2151	1132	NTWK017/00US NAI1P092/01.050.01	2	39	4

CONFIRMATION NO. 1385

## FILING RECEIPT



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-022903-

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-ONE FREEDOM SQUARE- RESTON TOWN CENTER-  
RESTON, VA 20190-5061-

28875

Silicon Valley IP Group, LLC

P.O. Box 721120

San Jose, CA 95172-1120

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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

 Jeffrey Green, Aylesbury, UNITED KINGDOM;  
 Paul N. Gartside, Woughton-on-the-Green, UNITED KINGDOM;  
 Chris Bolin, Portland, OR;

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Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 09/25/2001

Projected Publication Date: Request for Non-Publication Acknowledged

Non-Publication Request: Yes

Early Publication Request: No

## Title

Systems and methods for converting infected electronic files to a safe format

Preliminary Class

709

SEP 27 2001

GOOLEY-GODWARD LLP

ENTERED 09/25



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Bib Data Sheet

CONFIRMATION NO. 1385

<b>SERIAL NUMBER</b> 09/935,634	<b>FILING DATE</b> 08/24/2001 <b>RULE</b>	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2153	<b>ATTORNEY DOCKET NO.</b> NAI1P092/01.050.01
<b>APPLICANTS</b> Jeffrey Green, Aylesbury, UNITED KINGDOM; Paul N. Gartside, Woughton-on-the-Green, UNITED KINGDOM; Chris Bolin, Portland, OR;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 09/25/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 39
			<b>INDEPENDENT CLAIMS</b> 4	
<b>ADDRESS</b> 28875				
<b>TITLE</b> Systems and methods for converting infected electronic files to a safe format				
<b>FILING FEE RECEIVED</b> 1132	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	